

PAO APPROVER	
DATE RECEIVED _	
DATE APPROVED	

## Request for JB MDL Representation at a Public Event

Event Title:	Date:	Time:
Location:	Address:	
Request: (Specify speaker, repres	sentative, etc. Be sure to include	numbers if necessary)
<b>Description of Event:</b> (Describe	nature of event: hosts, DVs, spe	cial guests, etc.)
Expected Attendance: (Approxim	nate number of attendees)	
Have other Armed Forces units	been requested to support thi	s event? If so, specify.
Is this event being use to raise f	unds for any purpose? If so, sp	pecify how funds will be raised.
Is there any cost associated with	ı this event? (ie. admission, par	king, etc.) If so, specify.
Will costs associated with this e so, please specify.	vent be paid for by the sponso	r? (ie. transportation, meals, accommodations, etc.) If
Sponsor's Information		
Requestor	Primary Phone	Secondary Phone #
E-mail Address	Fax #	
Sponsoring Organization	Phone	Address
best of my knowledge. I understand to arrangements and costs involved prior	hat a representative from Joint Bas or to final commitments, or to infor	r information provided above is complete and accurate to the e McGuire-Dix-Lakehurst will contact me to discuss m me of their inability to support this event. I also understand led appearance at an approved public activity.
Signature		Date

Please attach all supporting documents to the completed form and submit to <u>87ABW/PA@mcguire.af.mil</u>, fax to (609) 754-6999, or drop off at 2901 Falcon Lane, Ste. 235. Upon review of request, PA will contact requestor to coordinate support. Call (609) 754-2104 for questions.